

<b>Case Number:</b>	CM14-0126024		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	05/23/2005
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60-year-old male with an injury date of 12/01/2003. According to the 05/19/2014 progress report, the patient presents with intermittent neck pain with stiffness, moderate constant low back pain, and intermittent radiation of pain into his lower extremities. He ambulates with a cane. In regards to his cervical spine, the patient has a stiff range of motion and tenderness with slight spasm. For his lumbar spine, he has diffuse tenderness with paravertebral spasm. The 03/24/2014 report also indicates that the patient has muscle tension, headaches, chronic muscle spasm of the paraspinal muscle in the thoracic and lumbar areas, and underlying depression. The 03/04/2014 report also indicates that the patient has pain radiating down to his buttocks and down his right lower extremity all the way down to his both feet, rating the pain as a 07/10 to 8/10. The patient's diagnoses include lumbar spine degenerative disk disease, cervical disk discopathy with myelopathy, cervical spine intervertebral disk disorder with myelopathy, cervicalgia, low back syndrome, cervical myofascial sprain/strain, and lumbar myofascial sprain/strain. The provider is requesting for Amrix (Cyclobenzaprine) 15 mg #30. The utilization review determination being challenged is dated 07/10/2014. Treatment reports were provided from 01/07/2014 - 06/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Amrix (Cyclobenzaprine) 15mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Muscle relaxants (for pain) Page(s): 64, 63.

**Decision rationale:** According to the 05/19/2014 progress report, the patient presents with neck pain and lower back pain. The request is for Amrix (Cyclobenzaprine) 15 mg #30 to be taken 1 capsule by mouth at bedtime. The patient has been taking Cyclobenzaprine as early as 02/04/2014. The report with the request was not provided. According to MTUS Guidelines, Cyclobenzaprine is "not recommended to be used for longer than 2 to 3 weeks." The patient has been taking this medication on a long term basis which is not within MTUS Guidelines. Therefore, this request is not medically necessary.